High School Completion Program **Personal Graduation Education Plan Student Name: Assigned High School: School District: AEL Manager of GEP: Phone: H.S. Representative: Phone:** A. Student's Goals Beyond High School: (consider career, educational, personal) Student's Assessment of what skills, knowledge and/or experiences will be necessary to achieve the goal: Skills: Knowledge: Experience: Student's Assessment of factors that may support success: Student's Assessment of factors that may inhibit success:

B. Student high school achievement record summary: (e.g., credits; strengths; gaps)					
Current HS transcript in student file? YES NO					
Credits Earned Credits Missing					
Strengths					
Gaps					
Basic Skills Assessments:					
Reading grade level equivalent As assessed by					
Writing grade level equivalent As assessed by					
Math grade level equivalent As assessed by					
Any Additional Comments:					
C. Graduation Requirements for this Student:					

D. With the student's goals for beyond high school, achievements to date, the results of diagnostic assessments, and graduation requirements in mind, what will be the skills, knowledge and/or experiential gains that result in a high school diploma?

Learning Objective: What knowledge, skill or experience is to be gained?	Services: How will it be achieved?	Service Provider?	When?	Evidence of Achievement	How Assessed	By whom? When?
1.						
2.						
2.						
3.						

Vermont Department of Education

<u>Learning Objective:</u> What knowledge, skill or experience is to be gained?	Services: How will it be achieved?	Service Provider?	When?	Evidence of Achievement	How Assessed	By whom? When?
4.						
5.						
6.						

Ε.	Expecte	d Date of	Graduation:	

F. Who commits to this High School Completion Plan?

(Please sign and date below.)

Student:	Date:		
Parent, guardian, or surrogate for minors:		Date:	
High School Representative Authorized by School Board: _			
Position Title:	Date		
Adult Education & Literacy Representative:			
Date:			